Complete Summary

GUIDELINE TITLE

Cognitive disorders and HIV/AIDS: HIV-associated dementia and delirium.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Cognitive disorders and HIV/AIDS: HIV-associated dementia and delirium. New York (NY): New York State Department of Health; 2007 Sep. 12 p. [6 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: New York State Department of Health. Cognitive disorders and HIV/AIDS: HIV-associated dementia and delirium. New York (NY): New York State Department of Health; 2005 Oct. 7 p.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- June 17, 2008, Antipsychotics (conventional and atypical]): The U.S. Food and Drug Administration (FDA) notified healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis. The prescribing information for all antipsychotic drugs will now include information about the increased risk of death in the BOXED WARNING and WARNING sections.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Cognitive disorders in HIV patients:
  - HIV-associated dementia (HAD)
  - Delirium associated with HIV

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Neurology
Psychiatry

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidelines for diagnosis and treatment of cognitive disorders in human immunodeficiency virus (HIV)-infected patients in primary care settings

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected persons

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Use of brief, standardized rating scale
2. Exclusion of other treatable, reversible causes of change in mental status
3. Complete evaluation including neuroimaging studies (computed tomography [CT], magnetic resonance imaging [MRI]) and lumbar puncture

Treatment/Management of HIV-associated Dementia (HAD)

1. Referral for psychiatric consultation, as appropriate
2. Antiretroviral drugs
3. Pharmacologic treatment of symptoms (psychotropic medications)
4. Non-pharmacologic treatment including
    - Family support, nursing case management, nursing home care services
    - Discussing advance directives and documenting the content of these discussions in the medical record

Treatment/Management of HIV-associated Delirium

1. Immediate referral of patients with signs and symptoms of delirium to the hospital
2. Correcting the underlying conditions that have led to delirium (low doses of antipsychotics with or without lorazepam)
3. Consultation with a psychiatrist

MAJOR OUTCOMES CONSIDERED

- Morbidity and mortality
- Cognitive status

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and others with extensive experience providing care to people with HIV infection. Committees* meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments.

The Committees* rely on evidence to the extent possible in formulating recommendations. When data from randomized clinical trials are not available, Committees rely on developing guidelines based on consensus, balancing the use of new information with sound clinical judgment that results in recommendations that are in the best interest of patients.

*Current committees include:

- Medical Care Criteria Committee
- Committee for the Care of Children and Adolescents with HIV Infection
- Dental Standards of Care Committee
- Mental Health Committee
- Women's Health Committee
- Substance Use Committee
- Physician's Prevention Advisory Committee
- Pharmacy Committee

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All guidelines developed by the Committee are externally peer reviewed by at least two experts in that particular area of patient care, which ensures depth and quality of the guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

General Recommendation

Key Point:

Early stages of dementia and delirium are often subtle, difficult to recognize, and may resemble primary psychiatric disorders.

Human Immunodeficiency Virus (HIV)-Associated Dementia

Presentation

Clinical Manifestations of HIV-Associated Dementia	
Type of Impairment	**Manifestations**
Affective	• Apathy (depression-like features) • Irritability • Mania, new-onset psychosis
Behavioral	• Psychomotor retardation (e.g., slowed speech or response time) • Personality changes • Social withdrawal
Cognitive	• Lack of visuospatial memory (e.g., misplacing things) • Lack of visuomotor coordination • Difficulty with complex sequencing (e.g., difficulty in performing previously learned complex tasks) • Impaired concentration and attention • Impaired verbal memory (e.g., word-finding ability) • Mental slowing
Motor	• Unsteady gait, loss of balance • Leg weakness

Clinical Manifestations of HIV-Associated Dementia	
Type of Impairment	**Manifestations**
	• Dropping things • Tremors, poor handwriting • Decline in fine motor skills

Diagnosis

Clinicians should exclude other treatable, reversible causes of change in mental status before a diagnosis of HIV-associated dementia (HAD) can be made (see Table 2 in the original guideline).

Clinicians should conduct neuroimaging studies and a lumbar puncture as part of a complete evaluation for HAD.

Key Point:

HAD may be incorrectly diagnosed as Alzheimer's disease. Early HAD differs from Alzheimer's disease in that it is more likely to present with behavioral changes, progresses more rapidly, may be associated with abnormal cerebrospinal fluid (CSF) findings, and is rarely associated with aphasia.

Management of Patients with HAD

Referral

Clinicians should refer patients with HAD who present with accompanying depression, mania, psychosis, behavioral disturbance, or substance use for psychiatric consultation to assist in psychopharmacologic treatment and management.

Clinicians should refer patients who require treatment with multiple psychotropic medications and/or are using illicit substances for psychiatric consultation because of the risk of drug-drug interactions and toxicity.

Treatment

Antiretroviral Drugs

Clinicians should assess the efficacy of the highly active antiretroviral therapy (HAART) regimen when patients receiving HAART present with symptoms of HAD.

Clinicians should initiate HAART when patients not receiving HAART present with symptoms of HAD.

Non-Pharmacologic Management

Clinicians should involve members of the patient's primary support system, such as family or friends, in both medication management and attending appointments and should educate them about HAD and its course.

Clinicians should assess patients' ability to function independently at home and arrange for assistance in the form of family support, nursing case management, and nursing home care services when indicated. Clinicians should refer patients who are unable to be safely cared for at home for placement in a skilled nursing facility.

Clinicians should discuss advance directives such as a living will, healthcare proxy, or durable power of attorney early in the course of illness, while patients have the capacity to make decisions about their treatment. Clinicians should clearly document the content of these discussions in the medical record and include copies of advance directives as part of the medical record.

Clinicians should consult with a psychiatrist if questions exist about a patient's mental capacity to make decisions about his or her treatment.

Refer to the original guideline document for a full discussion of the non-pharmacologic management of patients with HIV-associated dementia.

Delirium Associated with HIV

Clinicians should immediately refer patients who present with signs and symptoms of delirium to the hospital.

Presentation and Diagnosis

Clinicians should assess for delirium when there is a sudden change in a patient's cognitive functioning, consciousness, or behavior.

Clinical Manifestations of Delirium in HIV-Infected Patients
Impairment of memory, orientation, prefrontal "executive" functions • Difficulty with abstraction • Difficulty with sequential thinking • Impaired temporal memory • Impaired judgment
Disturbances in thought and language • Decreased verbal fluency
Disturbances in perception • Hallucinations (primarily visual)

Clinical Manifestations of Delirium in HIV-Infected Patients
• Illusions (misinterpretation of visual cues, e.g., mistaking shadows for people)
Disturbances in psychomotor function • Hypoactive • Hyperactive • Mixed hypo- and hyperactive
Disturbances in sleep-wake cycle • Daytime lethargy • Nighttime agitation
Delusions*
Affective lability
Neurologic abnormalities • Tremors • Ataxia • Myoclonus • Cranial nerve palsies • Asterixis • Cerebellar signs • Nystagmus

* Delusions are usually paranoid but more disorganized than those seen in psychoses.

Management of Patients with Delirium

Treatment should be aimed at correcting the underlying conditions that have led to delirium. Refer to the original guideline document for a discussion.

Key Point:

HIV-infected patients may be more sensitive to the side effects of psychotropic medications. Older patients and those with more advanced disease are at highest risk for side effects.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- The prompt diagnosis and treatment of cognitive impairment/dementia and delirium may significantly decrease morbidity and mortality.
- There have been marked improvements in the cognitive status of some people with HIV-associated dementia associated with the initiation of highly active antiretroviral therapy (HAART).

POTENTIAL HARMS

- HIV-infected patients are more likely than the non-infected population to develop extrapyramidal side effects with antipsychotic agents and hepatotoxicity with drugs that are metabolized primarily by the liver.
- Refer to Appendix XII, Table XII-1 (see the "Availability of Companion Documents" field) for information on drug-drug interactions between HIV-related medication and psychotropic medication.

CONTRAINDICATIONS

CONTRAINDICATIONS

Refer to Appendix XII, Table XII-1 (see the "Availability of Companion Documents" field) for lists of psychotropic medications contraindicated in patients on specific antiretroviral drugs.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The AIDS Institute's Office of the Medical Director directly oversees the development, publication, dissemination and implementation of clinical practice guidelines, in collaboration with The Johns Hopkins University, Division of Infectious Diseases. These guidelines address the medical management of adults, adolescents and children with HIV infection; primary and secondary prevention in medical settings; and include informational brochures for care providers and the public.

Guidelines Dissemination

Guidelines are disseminated to clinicians, support service providers and consumers through mass mailings and numerous AIDS Institute-sponsored educational programs. Distribution methods include the HIV Clinical Resource website, the Clinical Education Initiative, the AIDS Educational Training Centers (AETC) and the HIV/AIDS Materials Initiative. Printed copies of clinical guidelines are available for order from the New York State Department of Health (NYSDOH) Distribution Center for providers who lack internet access.

Guidelines Implementation

The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AETC. The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines Program. The AETC provides conferences, grand rounds and other programs that cover topics contained in AIDS Institute guidelines.

Support service providers are targeted through the HIV Education and Training initiative which provides training on important HIV topics to non-physician health and human services providers. Education is carried out across the State as well as through video conferencing and audio conferencing.

The HIV Clinical Guidelines Program also works in a coordinated manner with the HIV Quality of Care Program to promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care, in an effort to ensure that HIV guidelines are implemented and that patients receive the highest level of HIV care possible.

IMPLEMENTATION TOOLS

Personal Digital Assistant (PDA) Downloads
Pocket Guide/Reference Cards

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Cognitive disorders and HIV/AIDS: HIV-associated dementia and delirium. New York (NY): New York State Department of Health; 2007 Sep. 12 p. [6 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Mar (revised 2007 Sep)

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Mental Health Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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This guideline updates a previous version: New York State Department of Health. Cognitive disorders and HIV/AIDS: HIV-associated dementia and delirium. New York (NY): New York State Department of Health; 2005 Oct. 7 p.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Mental health screening: a quick reference guide for HIV primary care clinicians. New York (NY): New York State Department of Health; 2006 Feb. 2 p. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix XII: Interactions between HIV-related medications and psychotropic medications. . New York (NY): New York State Department of Health; 2007 Dec. 3 p. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

This guideline is also available as a Personal Digital Assistant (PDA) download from the New York State Department of Health AIDS Institute Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 4, 2005. It was updated by ECRI on October 19, 2005 and on June 6, 2008. This summary was updated by ECRI Institute on July 25, 2008, following the U.S. Food and Drug Administration advisory on Antipsychotics.

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